

DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ELASTOMERIC SEPARATOR PLATES AND METHOD OF FABRICATION

the specification of which is attached hereto unless the following box is checked:

☐ was filed on 18 June 2003 as U.S. Application No. _____ or PCT International Application No. PCT/CA03/00920

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Application No.	Country	Filing Date	Priority Claimed (Yes / No)
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.

U.S. Provisional Application No.

60/394921

U.S. Filing Date

10 July 2002

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

Application No.	Filing Date	Status

POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Name: THOMAS W. GORMAN

Registration No.: 31,959

Send correspondence and direct telephone calls to:

THOMAS W. GORMAN

E. I. du Pont de Nemours and Company
Legal - Patents
Wilmington, DE 19898, U.S.A.

Tel. No.
(302) 892-7943
Fax No.
(302) 992-4773

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

INVENTOR(S)

Full Name of Inventor	Last Name <u>CAI</u>	First Name <u>YUQI</u>	Middle Name	
	Signature (please sign full name): <u>Calvin</u>		Date: <u>Feb. 11, 2005</u>	
Residence & Citizenship	City <u>KINGSTON, ONTARIO</u> <u>CAN</u>	State or Foreign Country <u>CANADA</u>	Country of Citizenship <u>CANADA</u>	
Post Office Address	Post Office Address <u>252 WATERLOO DRIVE</u>	City <u>KINGSTON, ONTARIO</u>	State or Country <u>CANADA</u>	Zip Code <u>K7M 8P2</u>

☐ Additional Inventors are being named on separately numbered sheets attached hereto.

BEST AVAILABLE COPY

Two DEC's

(S)
over

INVENTOR(S)				
2 - 8	Full Name of Inventor	Last Name <u>XIE</u>	First Name <u>TUYU</u>	Middle Name
		Signature (please sign full name): <i>Tuyu Xie</i>		Date: <i>Feb. 15, 2005</i>
	Residence & Citizenship	City <u>KINGSTON, ONTARIO</u> <i>CAX</i>	State or Foreign Country <u>CANADA</u>	Country of Citizenship <u>CANADA</u>
	Post Office Address	Post Office Address <u>944 NOTTINGHILL AVENUE</u>	City <u>KINGSTON, ONTARIO</u>	State or Country <u>CANADA</u> Zip Code <u>K7P 2B8</u>
3 - 8	Full Name of Inventor	Last Name <u>CHOPRA</u>	First Name <u>DIVYA</u>	Middle Name
		Signature (please sign full name): <i>Divya Chopra</i>		Date: <i>March 9, 2005</i>
	Residence & Citizenship	City <u>BRIGHTS GROVE</u> <i>CAX</i> <u>KINGSTON, ONTARIO</u>	State or Foreign Country <u>CANADA</u>	Country of Citizenship INDIA <u>CANADA</u> <i>Ch.</i>
	Post Office Address	Post Office Address <u>125 DALGLEISH AVENUE</u> <u>2936 MORNINGSIDE DR.</u>	City <u>KINGSTON, ONTARIO</u> <u>BRIGHTS GROVE, ONTARIO</u>	State or Country <u>CANADA</u> Zip Code <u>K7K 7E3</u> <u>N0N 1C0</u>
4 - 8	Full Name of Inventor	Last Name <u>WALLER</u>	First Name <u>MICHAEL</u>	Middle Name
		Signature (please sign full name): <i>Michael Waller</i>		Date: <i>MAR 7, 2005</i>
	Residence & Citizenship	City <u>WATERLOO, ONTARIO</u> <i>CAX</i>	State or Foreign Country <u>CANADA</u>	Country of Citizenship <u>CANADA</u>
	Post Office Address	Post Office Address <u>481 REGENCY CRESCENT</u>	City <u>WATERLOO, ONTARIO</u>	State or Country <u>CANADA</u> Zip Code N0N 1C0 <u>N2T 1P5</u>
	Full Name of Inventor	Last Name <u>PETERS</u>	First Name <u>JAY</u>	Middle Name <u>A.</u>
		Signature (please sign full name):		Date:
	Residence & Citizenship	City <u>BRIGHTS GROVE, ONTARIO</u>	State or Foreign Country <u>CANADA</u>	Country of Citizenship <u>CANADA</u>
	Post Office Address	Post Office Address <u>1827 WESTGROVE DRIVE</u>	City <u>BRIGHTS GROVE, ONTARIO</u>	State or Country <u>CANADA</u> Zip Code <u>N0N 1C0</u>
	Full Name of Inventor	Last Name	First Name	Middle Name
		Signature (please sign full name):		Date:
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State or Country Zip Code
	Full Name of Inventor	Last Name	First Name	Middle Name
		Signature (please sign full name):		Date:
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State or Country Zip Code

BEST AVAILABLE COPY

DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ELASTOMERIC SEPARATOR PLATES AND METHOD OF FABRICATION

the specification of which is attached hereto unless the following box is checked:

☐ was filed on 18 June 2003 as U.S. Application No. _____ or PCT International Application No. PCT/CA03/00920

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Application No.	Country	Filing Date	Priority Claimed (Yes / No)
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.

U.S. Provisional Application No.

60/394921

U.S. Filing Date

10 July 2002

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

Application No.	Filing Date	Status

POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Name: **THOMAS W. GORMAN**

Registration No.: 31,959

Send correspondence and direct telephone calls to:


THOMAS W. GORMAN

E. I. du Pont de Nemours and Company
Legal - Patents
Wilmington, DE 19898, U.S.A.

Tel. No.
(302) 892-7943
Fax No.
(302) 992-4773

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

INVENTOR(S)

Full Name of Inventor	Last Name CAI	First Name YUQI	Middle Name	
	Signature (please sign full name):		Date:	
Residence & Citizenship	City KINGSTON, ONTARIO	State or Foreign Country CANADA	Country of Citizenship CANADA	
Post Office Address	Post Office Address 252 WATERLOO DRIVE	City KINGSTON, ONTARIO	State or Country CANADA	Zip Code K7M 8P2

☐ Additional Inventors are being named on separately numbered sheets attached hereto.

INVENTOR(S)				
Full Name of Inventor	Last Name XIE	First Name TUYU	Middle Name	
	Signature (please sign full name):		Date:	
Residence & Citizenship	City KINGSTON, ONTARIO	State or Foreign Country CANADA	Country of Citizenship CANADA	
Post Office Address	Post Office Address 944 NOTTINGHILL AVENUE	City KINGSTON, ONTARIO	State or Country CANADA	Zip Code K7P 2B8
Full Name of Inventor	Last Name CHOPRA	First Name DIVYA	Middle Name	
	Signature (please sign full name):		Date:	
Residence & Citizenship	City KINGSTON, ONTARIO	State or Foreign Country CANADA	Country of Citizenship INDIA	
Post Office Address	Post Office Address 125 DALGLEISH AVENUE	City KINGSTON, ONTARIO	State or Country CANADA	Zip Code K7K 7E3
Full Name of Inventor	Last Name WALLER	First Name MICHAEL	Middle Name	
	Signature (please sign full name):		Date:	
Residence & Citizenship	City WATERLOO, ONTARIO	State or Foreign Country CANADA	Country of Citizenship CANADA	
Post Office Address	Post Office Address 481 REGENCY CRESCENT	City WATERLOO, ONTARIO	State or Country CANADA	Zip Code N0N 1C0
Full Name of Inventor	Last Name PETERS	First Name JAY	Middle Name A.	
	Signature (please sign full name):		Date:	
Residence & Citizenship	City BRIGHTS GROVE, ONTARIO	State or Foreign Country CANADA	Country of Citizenship CANADA	
Post Office Address	Post Office Address 1827 WESTGROVE DRIVE 1520 LAKE SHORE RD	City BRIGHTS GROVE, ONTARIO SARNIA, J.P.	State or Country CANADA	Zip Code N0N 1C0 N7X 8P
Full Name of Inventor	Last Name	First Name	Middle Name	
	Signature (please sign full name):		Date:	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Post Office Address	City	State or Country	Zip Code
Full Name of Inventor	Last Name	First Name	Middle Name	
	Signature (please sign full name):		Date:	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Post Office Address	City	State or Country	Zip Code

BEST AVAILABLE COPY